

Docket 96-45



SOUTHERN ILLINOIS HEALTHCARE

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62902-3988

December 19, 1996

DOCKET FILE COPY ORIGINAL

Lygia Ricardi  
Office of the Secretary  
Federal Communications Commission  
Room 222  
1919 M Street, NW  
Washington, DC 20554

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FEDERAL COMMUNICATIONS COMMISSION  
OFFICE OF SECRETARY

RE: CC Docket No. 96-45

Dear Ms. Ricardi:

We appreciate the opportunity to provide comments on these proposed policies for implementation of the Telecommunications Act of 1996.

Attached is our comments.

Sincerely,

Jerry A. Hickam  
Senior Vice President/CFO

JAH:jae

cc: Sally Rosenberg  
Representative Jerry F. Costello  
Representative Richard J. Durbin  
Senator Carol Moseley-Braun  
Representative Glenn Poshard

attachment

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**Questions to Address:****1. Name of project:**

Southern Illinois Healthcare Community Medical Information Network  
One project linking healthcare facilities and providers in Southern Illinois.

**2. Please list each of the project's sites:**

Name of Site: State in which it is located:

**Central Site:**

Southern Illinois Healthcare Data Center Carbondale, Illinois

**Other Sites Include:**

SIH Facilities in Herrin, IL, Murphysboro, IL, West Frankfort, IL, Benton, IL, Eldorado, IL;  
physician offices in the named towns; and potentially non-SIH facilities interested in the benefits  
of the community network

Please answer the following questions for each of your sites.  
Use additional sheets if necessary.

**Information given below is the same for each site:****3. What is the nearest city of population equal to or greater than 50,000 in your state, and approximately how far are you from its boundary?**

City: Springfield Distance from city boundary: 160 miles.

**4. Name of the projects telecommunications service provider:**  
GTE North**5. Level of telecommunications service the project is currently using: (For example, voice grade, 144 Kbps (ISDN), 384 Kbps, T-1 or equivalent).**

T-1 to connect major facilities (hospitals) and Frame Relay for Large clinics and smaller rural hospitals that are part of the SIH healthcare system.

**6. Charges for telecommunications service:**

Is there a monthly charge? No \_\_\_ Yes X

If yes, how much is the charge? TI average \$500/monthly from GTE

Is there a usage-based charge? No X Yes \_\_\_

Is there a distance component (such as a per-mile fee) of the charge? No \_\_\_ Yes X

If yes, how much is the charge? There is a distance charge if connection goes out of the local calling area. That charge is 3.56 per mile plus local transport fee.

Was there an installation fee? No \_\_\_ Yes X

If yes, how much was the charge? Frame Relay \$200-\$500 depending on Bandwidth. 56KB is \$200. T-1 monthly installation charge if contract is greater than 1 year duration.

Is the charge the regular tariffed rate, or is there a discount from the telecommunications provider? Tariffed X Discount       
If there is a discount, how much is it?

7. How does the project use telecommunications in the delivery of health care? (For example—to send x-rays, distribute public health information, or perform video consultations. Please identify any occasional or episodic uses, such as might result from an outbreak of disease.)

T-1 and Frame Relay links connect major facilities, major clinics, hospital (6), to the SIH data center. This wide area network is used for sending patient data consisting of registrations, medical records, test results, images, and financial information. We are trying to expand out to other health care providers (physicians, nursing homes, public health agencies) as well as employers, schools and college student health departments. The expansion would allow for access to a common computerized patient record, as well as the ability to provide telemedicine to the public

8. Could the project provide the services it is currently providing with less bandwidth? What effect would a lesser level of bandwidth have? The implications of using greater or lesser levels of telecommunications services are related to image transmission time. What would be the impact if the health care activities for which you now use telecommunications took twice as long, or if they could be completed in half the time?  
Presently the lack of low cost high bandwidth telecommunication service is an obstacle in completing the project goals. T-1 and Frame Relay cost more than small clinics or physicians can pay. ISDN, which would provide adequate higher speed, is not available in Southern Illinois. A subsidized wide area network with T-1 and frame-relay appears to be the only option in the near future.
9. What would the implications of having a greater level of bandwidth be?  
If the cost is affordable for solo practice physicians and small clinics it would mean advanced technology to support image transmission, high speed data transmission, and teleconferencing could be made available. Without cost effective high bandwidth much of our objectives will not be achieved. The above goal of linking rural providers would reduce healthcare costs and improve community wellness over the long run. It will allow sharing of clinical data among providers.

10. Do you have e-mail? No      Yes X

11. Do you have Internet access? No.      Yes X  
If yes, do you incur long-distance charges by using it?  
No X Yes

No charge if used from primary locations. May incur long distance charge if accessed away from our primary locations.

Please estimate your number of hours of Internet use per month:

400 at this time. We anticipate this will increase greatly if our community connectivity is achieved.

12. If you have access to the Internet, please list any purposes other than e-mail (such as accessing databases such as Lexis/Nexis) for which you use it:

Clinical information searches. Information search for new technology uses. Connectivity with remote vendors. Web site promoting services and providing information on wellness education and registration for health and wellness programs.